

Arizona Department of Water Resources

Information Management Unit

PO Box 36020 • Phoenix, Arizona 85067-36020 (602) 771-8527 • 602-771-8500

RECEIVED

Well Driller Report and Well Log 19/20/16

ADWR

SEP 1 9 2016

THIS REPORT MUST BE FILED WITHIN **30 DAYS** OF COMPLETING THE WELL. PLEASE PRINT CLEARLY USING BLACK OR BLUE INK

FILE NUMBER

B(23-16) 20 BBA

WELL REGISTRATION NUMBER

55 - 226270

PERMIT NUMBER (IF ISSUED)

Salar S							NIII NOMBER	(11 100025)			
INMEDIATE SERVICE SERVICES	ON 1. DRILLING AUTHORIZATIO	N									
Drillin	g Firm ¦ NAME		T DWD LICENCE NUMB	nen.							
	PENROD DRILLING, LLC		DWR LICENSE NUME	BER							
Mail To:	ADDRESS										
=			TELEPHONE NUMBE	ER .							
ž	6636 AVENIDA RAMERIEZ		928-757-3029								
	CITY/STATE/ZIP KINGMAN, AZ, 86409		FAX								
OFOT							Allente				
	ION 1. REGISTRY INFORMATION Dwner		1								
200000000000000000000000000000000000000	ME OF COMPANY, ORGANIZATION, OR INDIVIDUA	ı	Location of We								
	, MARIA	_	201110	11 1	1000	1	,	1-000			
	ADDRESS		3061 Ca		1) Wer		19 mgh	12009			
11. 41	STOCKTON HILL ROAD CMC102		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE			
	FATE / ZIP		23/1	Low	20	106/14	NE 1/4	NW 1/4			
	IAN, AZ, 86409		LATITUDE	26	981"N	LONGITUDE	000	- 0"W			
	T PERSON NAME AND TITLE		35	50		117	008	50			
OONTAG	1 2 S	20	METHOD OF LATITUDE	-			*GPS: Hand	-Held			
TEL EDIT	ONE NUMBER FAX		USGS Quad Map		Conventional Survey		Surve	y-Grade			
91 D	ONE NUMBER -/ GO - 3) FAX		LAND SURFACE ELEV	ATION AT WELL	211	00					
108	612 32311				3,7	01	Feet Above	e Sea Level			
WELL NA	ME (e.g., MW-1, PZ-3, lot 25 Well, Smith Well, etc.)	4	METHOD OF ELEVATION	ON (CHECK ONE)		GPS: Hand-	-Held			
	Lupes We	USGS Quad Map		Conventional Survey		*GPS: Surve	y-Grade				
	* * * * * * * * * * * * * * * * * * *		*IF GPS WAS USED, G	EOGRAPHIC CO	ORDINATE DATUM	(CHECK ONE)					
			NAD-83 Othe	er (please specify)							
			COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT)								
			Mi		MAP						
			Mono	ave	331	13	3.60	083L			
	ON 3. WELL CONSTRUCTION DE										
	g Method	Method of Well	Development		Method of	Sealing at I	Reduction	Points			
CHECK C		CHECK ONE			CHECK ONE						
Air F		Airlift			None						
	d or Augered	₩ Bail		- 1	Packed						
Cabl		Surge Block			Swedged						
Dual		Surge Pump			☐ Welded						
Mud		Other (please s	pecify)		Other (plea	se specify)					
	erse Circulation	Condition of W									
☐ Drive		ell		Construction							
☐ Jette					DATE WELL CON	STRUCTION ST	ARTED	1			
☐ Air Percussion / Odex Tubing ☐ Capped			8-13-2016								
Other (please specify)			DATE WELL CONSTRUCTION COMPLETED								
					8	20-	201	5			
I state ti	hat this notice is filed in compliance with a	A.R.S. § 45-596 and is c	complete and correct	to the best of	my knowledge	and belief.					
SIGNATURE	E OF QUALIFYING PARTY	Λ		The second secon	DATE						
1	Sount / en	wd			9-	-5-	-201	16			

Well Driller Report and Well Log

WELL REGISTRATION NUMBER 55 - 226270

Depth	4. WELL CO														
DEPTH OF BORI	40	5	Feet	Below Land Surface		OF COM	PLETED W	4	フム					Feet Below La	and Surface
Water Le	vel Information	n													
182	Feet Below La	and Surface	S-J		E MEASUF		FLOWING Valve	WELL, METHOD (OF FLOW F	REGULATION	ON C				
Borel	nole						In	stalled Casi	ng						
DEPTH FROM	1 .	DEPTH FROM			MATERIAL TYPE (T)					PERFORATION TYPE					
FROM TO (feet)	BOREHOLE DIAMETER (inches)	FROM (feet)	TO (feet)	OUTER (inches)	STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE	SLOTTED	IF OTHER TYPE, DESCRIBE	SLOT SIZE (inches)
0 30	110	0	20	17/700	7				T						
UXL	1//														

									Installed Annular Material				
	FROM	ANNULAR MATERIAL TYPE (T)								FILTER PACK			
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT GROUT	CEMENT-BENTONITE GROUT	GROUT	CHIPS	PELLETS	IF OTHER TYPE OF ANNULAR MATERIAL, DESCRIBE	SAND	GRAVEL	SIZE	
0	20		T	N io	CEN								
						\dashv	\dashv			\vdash	-		

55 - 226270

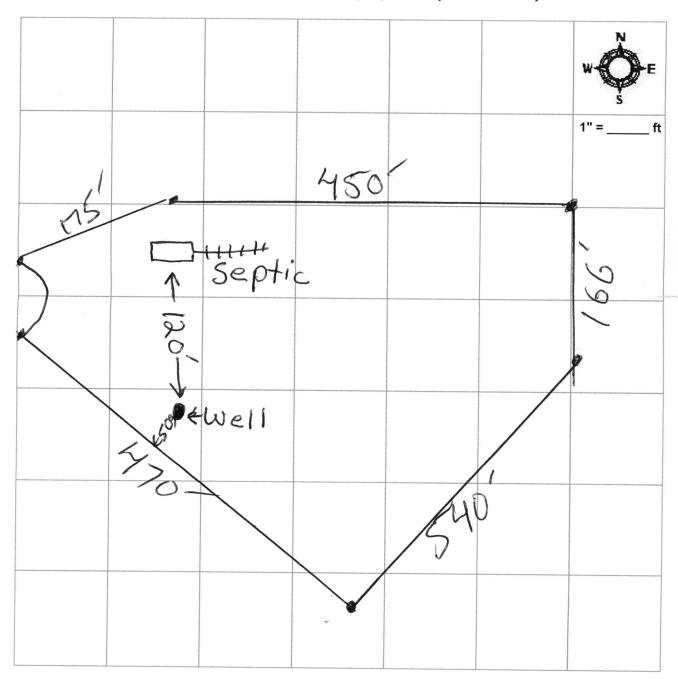
SECT	10N 5. G	SEOLOGIC LOG OF WELL	
DEPTH FRO FROM (feet)	M SURFACE TO (feet)	Description Describe material, grain size, color, etc.	Check (T) every interval where water was encountered (if known)
0	3	Top Soil Joe Dirt	(ii kilowii)
3-	26	Top Soil Joe Dirt Conglomerate with Rock	
26-	68	Brown Decomposed Granite	
68	95	Lite Brown Decomp. From 1to	
95	40	3 Frey Frante (water app-200")	7
			200
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			i fa

Well Driller Report and Well Log

WELL REGISTRATION NUMBER 55 - 226270

SECTION 6. WELL SITE PLAN							
NAME OF WELL OWNER COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT)							
SMITH, MARIA	воок 331	MAP 13	PARCEL 083L				

- Please draw the following: (1) the boundaries of property on which the well was located; (2) the well location; (3) the locations of all septic tank systems and sewer systems on the property or within 100 feet of the well location, even if on neighboring properties; and (4) any permanent structures on the property that may aid in locating the well.
- Please indicate the distance between the well location and any septic tank system or sewer system.



Run Date: 07/25/2016

AZ DEPARTMENT OF WATER RESOURCES **WELL REGISTRY REPORT - WELLS55**

Well Reg.No

Location B 23.0 16.0 20 B B A 55 - 226270 AMA NOT WITHIN ANY AMA OR INA

Registered MARIA SMITH File Type NEW WELLS (INTENTS OR APPLICATIONS) Name

Application/Issue Date 07/22/2016 8746 STOCKTON HILL ROAD CMC102

KINGMAN AZ 86409

Owner OWNER Well Type EXEMPT

Driller No. 111 SubBasin HUALAPAI VALLEY Driller Name PENROD DRILLING, LLC Watershed COLORADO RIVER

Driller Phone 928-757-3029 Registered Water Uses DOMESTIC

County MOHAVE Registered Well Uses WATER PRODUCTION

Discharge Method NO DISCHARGE METHOD LISTED Parcel No. 331-13-083L Power NO POWER CODE LISTED **Intended Capacity GPM** 10.00

Tested Cap Well Depth 0.00 Case Diam 0.00 0.00

Pump Cap. 0.00 **Case Depth** 0.00 CRT **Draw Down** 0.00 **Water Level** 0.00 Log

Acres Irrig 0.00 Finish NO CASING CODE LISTED

Contamination Site: NO - NOT IN ANY REMEDIAL ACTION SITE

Tribe: Not in a tribal zone

Comments KC

Places Of Use

В 23 0 20 B A B 16 0

Current Action

7/25/2016 555 **DRILLER & OWNER PACKETS MAILED**

Action Comment: kc

Action History

7/25/2016 855 CHANGE OF WELL LEGAL DESCRIPTION Action Comment: OLD LEGAL DESC: B(23.0-16.0) 20 BAB

7/25/2016 550 DRILLING AUTHORITY ISSUED

Action Comment: kc

7/22/2016 150 NOI RECEIVED FOR A NEW PRODUCTION WELL

Action Comment: kc

ARIZONA DEPARTMENT OF WATER RESOURCES

1110 W. Washington St. Suite 310 Phoenix, Arizona 85007

THIS AUTHORIZATION SHALL BE IN POSSESSION OF THE DRILLER DURING ALL DRILLING OPERATIONS

WELL REGISTRATION NO: 55-226270

AUTHORIZED DRILLER: PENROD DRILLING, LLC

LICENSE NO: 111

NOTICE OF INTENTION TO DRILL EXEMPT WELL(S) HAS BEEN FILED WITH THE DEPARTMENT BY:

WELL OWNER: MARIA SMITH 8746 STOCKTON HILL ROAD CMC102 KINGMAN, AZ, 86409

THE WELL(S) IS/ARE TO BE LOCATED IN THE:

NE 1/4 of the NW 1/4 of the NW 1/4 Section 20 Township 23.0 NORTH Range 16.0 WEST

NO. OF WELLS IN THIS PROJECT: 1

ASSESSOR'S PARCEL NO: 331-13-083L

THIS AUTHORIZATION EXPIRES AT MIDNIGHT ON THE DAY OF July 23, 2017

Stella murillo

GROUNDWATER PERMITTING AND WELLS

THE DRILLER MUST FILE A LOG OF THE WELL WITHIN 30 DAYS OF COMPLETION OF DRILLING.

NOTICE! The Authorization to drill this well DOES NOT constitute or guarantee an approval to use the well for the purpose of withdrawing groundwater for transportation to an Active Management Area (AMA) pursuant to A.R.S. § 45-552, 45-553, 45-554 or 45-555(A) without official prior approval from the Department.



ARIZONA DEPARTMENT of WATER RESOURCES

1110 W. Washington St. Suite 310 Phoenix, AZ 85007 602-771-8500 azwater.gov

July 25, 2016

MARIA SMITH 8746 STOCKTON HILL ROAD CMC102 KINGMAN, AZ 86409

Registration No. 55- 226270 File Number: B(23-16) 20 BBA

Dear Well Applicant:



DOUGLAS A. DUCEY Governor

THOMAS BUSCHATZKE Director

Enclosed is a copy of the Notice of Intention to Drill (NOI) a well which you or your driller recently filed with the Department of Water Resources. This letter is to inform you that the Department has approved the NOI and has mailed, or made available for download, a drilling authorization card to your designated well drilling contractor. The driller may not begin drilling until he/she has received the authorization, and must keep it in their possession at the well site during drilling. Although the issuance of this drill card authorizes you to drill the proposed well under state law, the drilling of the well may be subject to restrictions or regulations imposed by other entities.

Well drilling activities must be completed within one year after the date the NOI was filed with the Department. If drilling is not completed within one year, a new NOI must be filed and authorization from this Department received before proceeding with drilling. If the well cannot be successfully completed as initially intended (dry hole, cave in, lost tools, etc.), the well must be properly abandoned and a Well Abandonment Completion Report must be filed by your driller [as required by A.A.C. R12-15-816(F)].

If you change drillers, you must notify the Department of the new driller's identity on a Request to Change Well Information (form 55-71A). Please ensure that the new driller is licensed by the Department to drill the type of well you require. A new driller may not begin drilling until he/she receives a new drilling authorization card from the Department.

If you find it necessary to change the location of the proposed well(s), you may not proceed with drilling until you file an amended NOI with the Department. An amended drilling authorization card will then be issued to the well drilling contractor, which must be in their possession before drilling begins.

Arizona statute [A.R.S. § 45-600] requires registered well owners to file a Pump Installation Completion Report (form 55-56) with the Department within 30 days after the installation of pumping equipment, if authorized. A blank report is enclosed for your convenience. State statute also requires the driller to file a complete and accurate Well Drillers Report and Well Log (form 55-55) within 30 days after completion of drilling. A blank report form was provided to your driller with the drilling authorization card. You should insist and ensure that all of the required reports are accurately completed and timely filed with the Department.

Please be advised that Arizona statute [A.R.S. § 45-593(C)] requires a registered well owner to notify the Department of a change in ownership of the well and/or information pertaining to the physical characteristics of the well in order to keep this well registration file current and accurate. Any change in well information or a request to change well driller must be filed on a Request to Change Well Information form (form 55-71A) that may be downloaded from the ADWR Internet website at www.azwater.gov.

Sincerely,

Groundwater Permitting and Wells Section



Arizona Department of Water Resources Water Management Division P.O. Box 36020 Phoenix, Arizona 85067-6020 (602) 771-8500 • (602) 771-8690 fax

Notice of Intent to

\$150 or \$100 FEE

Drill, Deepen, Replace or Modify a Well (except a Non-Exempt Well in an Active Management Area)

Review instructions prior to completing form in black or blue ink.

· www.azwater.gov ·

You must include with your Notice:

Check or money order in the amount of the appropriate filing fee.

Check or money order in the amount of the appropriate filing fee. For a well located within an AMA or INA, the fee is \$150.00. For a well not located within an AMA or INA, the fee is \$100.00 if	RECEIVED DATE	100000000000000000000000000000000000000
the well will be used solely for domestic purposes (see page 2 and instructions) and will have a pump with a maximum capacity of not		WQARF
more than 35 gallons per minute. Otherwise, the fee is \$150.00. Authority for fee: A.R.S. § 45-596 and A.A.C. R12-15-104.	LEGAL REVIEW IF APP	REASONING

AMA / INA

SB	FILE NUMBER
40	B(23-16)20 BBA
	WELL REGISTRATION NUMBER
CERCLA	55-226270
1,434,408	

SECTION 4 Section	2.		1000	PLONE THE RESERVED TO A SERVED TO THE PERSON OF THE PERSON
SECTION 1. COUNTY O	R LOCAL HEALTH AUTI	HORIT	Y APP	ROVAL (if applicable)
must endorse all items in Section	vIII be used for domestic purpose n 1 within one year before subm	es on a p	arcel of	land of 5 or fewer acres, the applicable county or local health authority artment of Water Resources. You must also attach a site plan (pg. 3).
OF ILON ONE			пе рер	Official County or Local Seal or Stamp
☐ County or Local Health A	authority Recommends Appro	val		Candida County of Local Seal of Stamp
(pursuant to A.R.S. § 45-	-596 (G) and (F))			
Field Inspection	Performed		- 1	
Site Plan Review	w Only			
☐ Insufficient Information to COUNTY OR LOCAL AUTHO	NAME AND TITLE			
STATE OF LOOK LABITION	SIGHT NAME AND TITLE			
TELEPHONE NUMBER	DATE		СО	UNTY OR LOCAL AUTHORITY SIGNATURE
SECTION 2. REGISTRY I	NFORMATION	1		en en victoria estre Arro su l'her roed victoria. L'ha vici Arrivet
Well Type	Proposed Action	TEL	100	cation of Well
CHECK ONE	CHECKONE			L LOCATION ADDRESS (IF ANY) COUNTY WHERE WELL IS LOCATED:
Exempt	Driff New Well	- 10	20	GACAlleDeSueNOS MDhave
(Pump has a maximum capacity	Deepen 1111 22	5010	TOWNS	HIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE
of not more than 35 gpm and	Replace		100	3N 16W 20 NW 1 NW 1 NE 1/4
water is not used for irrigation purposes inside an AMA.)	Modify If Deepening, Replacing or M.	ARTMER	COU	NTY ASSESSOR'S PARCEL ID NUMBER # 0F ACRES
(See instructions.)	If Deepening Replacing of M.	odifying	BOOL	A CONTROL OF THE CONT
☐ Non-Exempt	ORIGINAL WELC REGISTRATION N	UMBER		331 13 130831 5.02
(Pump has a maximum capacity	55 -		Plac	e of Water Use (Mandatory information, see instructions.)
of more than 35 gpm and the	MAXIMUM CAPACITY OF ORIGIN	IAL WELL		Ven No
well is located outside an AMA.) (See instructions.)	Gallons P	or Minuto		groundwater basin where the well will be drilled the as the place where the water will be used?
DESIGN PUMP CAPACITY	DISTANCE & DIRECTION FROM ORIGINA	20 100000000000		
10 Gallons Per Minute	Signature & Birco Hori Trom Grading		10WNo	HP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE
	ODII ATION	Feet	10	3N 10W 30 NW NE NW
SÉCTION 3. OWNER INFO Well Owner	DRMATION	, ,219		
FULL NAME OF COMPANY, ORGANIZ	ZATION OR INDIVIDUAL	4 8 9	Land	downer (if different from Well Owner)
M C ~ i	ATION, OR INDIVIDUAL		A	NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL
MAILING ADDRESS	MITA		MAILIN	acia DMITT
8746811	R. CMC102	7	074	6 CTOCKTONHINRD, CMC/D2
CITY / STATE / ZIP CODE	7, 5, 10103		CITY	STATE / ZIP CODE
Kinama	147		1	1 in 10 10 10 10 10 10 10 10 10 10 10 10 10
CONTACT PERSON NAME AND TITLE	, , 12,		CONT	ACT PERSON NAME AND TITLE
1,000	9		00111	1.10%
ELEPHONE NUMBER	FAX		TELEP	HONE NUMBER FAX
128692-3257				SAME
SECTION 4.	The proper and the feet to the	- Ar se,	m Vibra	# 250 About 404 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Questions		Yes	No	If Yes:
. Is the proposed well site within	100 feet of a septic tank	. 55		we was able to party to the take the first second of the second s
system, sewer disposal area, la	ndfill, hazardous materials or		V	You must also request a variance (A.A.C. R12-15-818).
petroleum storage area or tank?	2		\triangle	
 Is there another well name or id associated with this well (e.g., L 	entification number		X	PLEASE STATE
		-	\triangle	Uplose the well is a repleasment well and the total and the
. Is the proposed well a NEW wel	I to be located within an		. 1	Unless the well is a replacement well and the total number of operable exempt wells on the land is not increasing, you must also
Active Management Area? (See	e instructions.)		Χ	file a supplemental form A.R.S. § 45-454(C) & (D).
. Is the proposed well the second	exempt well on this parcel for		1	If the proposed well is in an Active Management Area, you must
the same use?	w 184		X	also file a supplemental form A.R.S. § 45-454(I).

Notice	of Intent	to Drill, De	epen, Re	eplace or l	Modify a W	/ell									WELL REGIST		
SECTI	ONEDE	DILLING AL	THORIZ	ATION	1 7 68	1	05	OTI	ON C. WAT					_	55 - <u>22</u> (9216	de la company
Drilling		RILLING AU	THORIZ	ATION		_			ON 6. WAT			IE	_	-		Mator	
NAME .	9 - 11111	0	<u>- 101 ft. 101 ft.</u>	7.				CKC	oal Use of Wa	ater		-			er Uses of V		
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DATE CO	NSTRUCTION		D TO BEGIN] [Dev	watering] [ewatering		
	_2	-1-0	2016)		_][Oth	er* (please speci	fy):] (Other* (please	specify):	
NOTE:	If this is a	a Notice of I	ntent to c	onstruct a	new well th	at v	will	be ι	used for the p	ourp	os	e of	with	ndra	awing grou	ndwater :	for
transpo	rtation to a	an Active M	anageme	nt Area (A	MA) pursua	ant t	o A	.R.	S. § 45-552,	45-	553	3, 45	5-55	4 0	r 45-555(A), the	
authoriz	ation to d	rill the well i	ssued in	associatio	n with this N	Voti	ce s	sha	Il not be co	nsio	lere	ed t	he a	pp	roval to tr	ansport	
		an AMA. (s															
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* ADWR wel	I constructio	n standards re ce casing and	quire a surf	ace seal cons	sisting of a min	nimu	m o	f 20 1	feet of steel cas	ing.	Cer	nent	grou	t m	ust be used to	fill the ann	nular
The Departme legal nature of are court producter to be with For the purpo and private re	ent's issuance of the water w ceedings that ithdrawn fron ses of determ sidences and	of an authoriza vithdrawn from i could affect you n your proposed ining appropria	tion to drill a the well may ur well, you w well, please te fees outsia plication of w	well is not a well is not a well is not a well be notified consult with a de AMAs or IN. water to less ti	determination of t of court action d and be given n experienced of As, "domestic p han 2 acres of i	of who in to the op- civil e ourpo land	he fu ppor engin oses' to pr	iture rtunit; neer, i '' is de	er withdrawn fro. as part of a dete. y to participate. hydrologist or wo efined as "uses ro e plants or parts	rmini If yo iter r	ation u ha ights d to t	of si	urfaci uestio rney. upply,	ns r	ter rights in yo egarding the le vice and activit	ur area. If gal nature o ies of house	there of the holds
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☐ me	easuremen	its at this wel	l. (See inst	ructions.)	erriissioir to	CITO	CI II	ne p	roperty for the	pui	hos	6 01	lani	ng v	water level		
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TYPE OR PR			mot	-6	9			,							3		
SIGNATURE	OF WELL OV	VNER _	7/	2/	***************************************								DATE	7	-10-	-16	
SIGNATURE	MINE	NED IT AMERICA	MIL IST	NOTELIA	10)								D. 4	\perp	18	10	
SIGNATURE	/	NER, IF APPLIC	ABLE (SEE I	INSTRUCTION	15)								DATE		10	16	
M	Me	01/	16											/	ιδ	10	

Notice of Intent to Drill, Deepen, Replace or Modify a Well

CHECK ONE: FILING MANUALLY

FILING ELECTRONICALLY* *DRILLER'S E-MAIL ADDRESS:

*COUNTY OR LOCAL HEALTH AUTHORITY APPROVAL CODE

If applicant is filing this NOI electronically via the ADWR website and County approval is required, please indicate approval by providing a County Approval Code.

WELL SITE PLAN

NAME OF WELL OWNER

COUNTY ASSESSOR'S PARCEL ID NUMBER

BOOK

BOOK

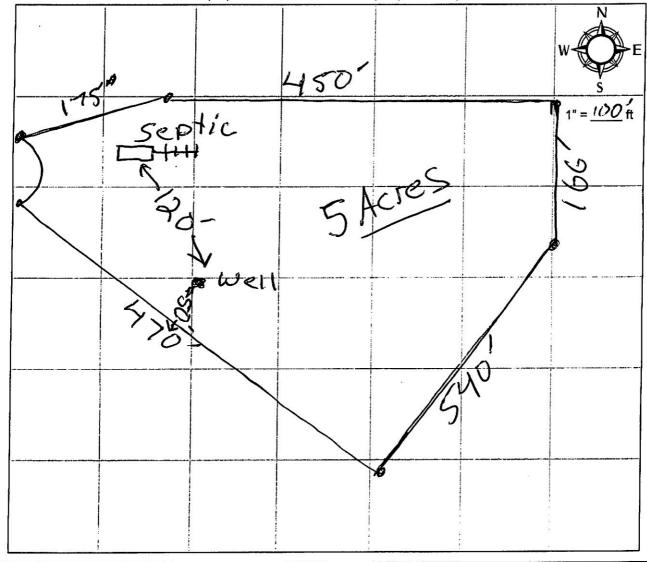
PARCEL

WELL SITE PLAN

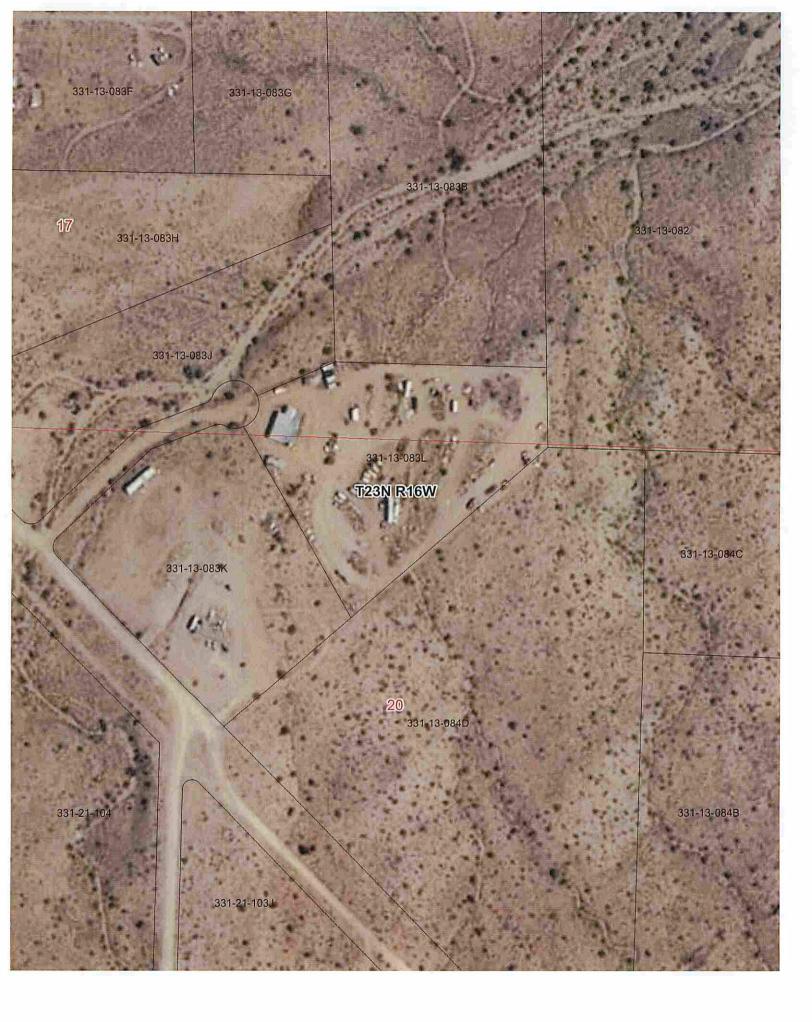
NAME OF WELL OWNER

PARCEL

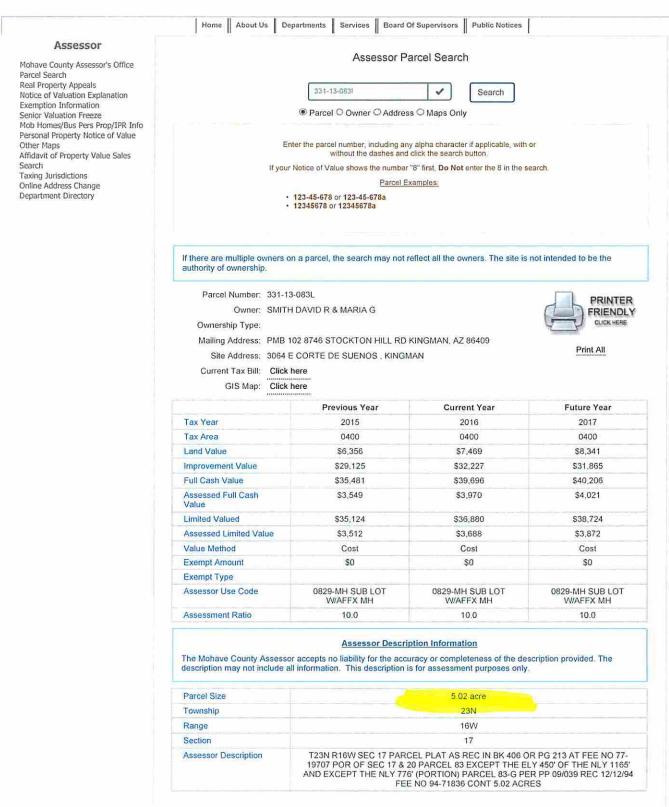
- If this well will be a domestic well on 5 acres or less, please draw the following: (1) the boundaries of your property; (2) the proposed well location; (3) the locations of all septic tank systems and sewer systems on the property or within 100 feet of the well location, even if on neighboring properties; and (4) any permanent structures on the property that may aid in locating the well. If the parcel is vacant land or lacks a septic tank or sewer system, please indicate this.
- Indicate the distance between the proposed well location and any septic tank system or sewer system.



COUNTY OR LOCAL AUTHORIT	Y NAME AND TITLE	Official County or Local Seal or Stamp
COUNTY OR LOCAL AUTHORIT	Y SIGNATURE	
TELEPHONE NUMBER	DATE	







Improvement Data

This page only includes main structures (i.e. single family home, mobile home, etc.). It does not list garages, detached buildings, porches, etc.

Year	Description	Construction Type	Year Built	Stories	SF	lmp#	
2017	Mobile Home		1977	1.00	896	1	
2016	Mobile Home		1977	1.00	896	1	
2015	Mobile Home		1977	1.00	896	1	~

Last Sale Information

MULTIPLE SALES: If a sales affidavit is recorded with one sales price for two or more parcels, we cannot make a decision on the breakdown of the price of each parcel in the sale. Our records will reflect the full sales price on each parcel. It is up to whomever is inquiring to check the sales affidavit with the Recorders Office (Phone: 928-753-0701) to see if the sale involves more than one parcet. If you want our records to reflect individual sales prices, then you need to be sure to record separate deeds and sales affidavits for each parcel.

Sale Price	\$0	
Sale Date	09/10/2012	
Recorded Instr Type	AOFA	
Fee Number	2012047155	

The Recorder's Office stopped using Book and Pages references on recorded documents as of January 2010. If you don't see a Book and Page reference, use the Fee Number, which will be the only reference used to acquire copies of newer recordings from the Recorder's Office.

Book Page

Parcel Sales History

Owner	Sale Date	Book Type	Page	Qualify	Improvements	Sale Price	
SHELLEY WILLIAM EUGENE	19991105	3404	21	Q	V	19200	
TEETER JAMES L & MARY ELLEN	19990927	3381	328	Q	V	15900	
PERNICANO AIMEE T	19940701	2428	277	U	V	О	

Tax Parcel Maps

Note: several maps may appear per query result depending on the book and map number of the parcel entered. Individual parcel (page) numbers are commonly contained within parcel boundries on the map.

Other Assessor Cartography documents have been deployed. Please see HERE for a listing of available maps.

The maps available on this page are provided as-is. Due to printer and viewer variances in formatting, these documents may not display to scale. For questions or comments regarding map information, please contact the Mohave County Assessors Office, Cartography Department.

The Mohave County Assessor's office accepts no liability for the accuracy or completeness of the information provided. The data may not include all parcels in the specified area. These maps are for reference only and are no longer updated.

- Subdivision Index Township/Range/Section Index Subdivision Index
- Index Map
- Applications for Parcel Splits and Combines

Candidate Map Links 01 331-13-083L PDF TIFF Printed: 7/22/2016 2:11:04 PM

Arizona Department of Water Resources

3550 N Central Ave. Phoenix AZ 85012

Customer:

BRENT PENROD

MONEYGRAM MONEY ORDER

4145 VAN NUYS RD KINGMAN, AZ 86409 Receipt #:

17-46435

Office:

MAIN OFFICE

Receipt Date: 07/22/2016

Sale Type:

IN_PERSON

Cashier:

WRPXA

Item No.	Index	AOBJ	Description	Ref ID	Qty	Unit Price	Ext Price
67489	15245	4439-TT	Notice of intention to drill a well that be located in an active management irrigation non-expansion area, that we solely for domestic purposes and that a pump with a maximum capacity of than 35 gallons per mi	area or vill be used at will have	1	100.00	100.00
					RECEIPT	TOTAL:	100.00

Payment type: MONEY ORDER

Amount Paid: \$100.00

Payment Received Date: 07/22/2016

Notes: FROM TTA.

Reference No. 69578831696